## Exhibit D



Deposition of:

Anne Roberts, M.D.

July 7, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

Veritext Legal Solutions

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1	sciences biology, chemistry, organic chemistry,
2	physics?
3	A Yeah, that's correct.
4	Q Then you received your medical degree in
5	1982?
6	A Yes.
7	Q Since 1982 you've been a practicing
8	physician?
9	A No. I did my internship in OB/GYN at
10	Cedar Sinai at Los Angeles for a year. And then
11	after that I went to Mass General in Boston and
12	did my residency and fellowship there. And then I
13	came back to San Diego in 1987 and began my
14	practice.
15	Q But since 1982 you've dedicated your
16	professional life to the practice of medicine in
17	one way or another?
18	A Yes, yes.
19	Q You're not an expert in the field of IVC
20	filter design, are you?
21	A I'm not an engineer. I have not
22	designed an IVC filter. I have used just about
23	every IVC filter that's ever been on the market.
24	So I think I have a lot of experience with IVC
25	filters using them clinically.

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1	Q But you don't have any formal education,
2	training, or experience in the actual design of an
3	IVC filter, do you?
4	MR. LOPEZ: Objection. Form.
5	THE WITNESS: Not specifically in terms
6	of the design. But in terms of the components of
7	an IVC filter I think I'm very familiar with
8	what's important in components and the use of an
9	IVC filter and what it should do or not do when
10	it's put into a patient. So I think I'm very
11	familiar with the design components that make up
12	an IVC filter.
13	BY MR. BROWN:
14	Q And that knowledge of the design
15	components that make up an IVC filter comes from
16	your clinical practice with IVC filters; is that
17	fair?
18	A Yes.
19	Q You're not an expert in the tests that
20	IVC filters have to undergo for regulatory
21	clearance, are you?
22	A Well, I'm familiar with I wouldn't
23	say all of the tests but since I've been
24	involved in the field and actually, my first
25	my first study that I did was on the Bird's Nest

Page 30 1 filter at Mass General. I spent a fair amount of 2. time looking at what are the flow characteristics 3 of IVC filters within the -- within an IVC. And the Mass General group was 4 5 interested in that. We had somebody that actually worked on those projects where we would put in a 6 7 filter into a model and then do flow characteristics through that. I wasn't on those 8 9 But I did work with -- I'm sorry. papers. Ι 10 can't remember his name -- the person who was 11 doing some of those studies at Mass General. 12 That was in the early 1980s? Q 13 Α Yeah. It would have been probably 1985, 14 '86 maybe. 15 Other than your work with the Bird's 16 Nest filter in 1985 and 1986, which sounds like 17 some form of bench top tests; is that right? 18 Well, the paper looked at -- and what we Α 19 did was to look at a number of filters that were 20 available. So there was the Greenfield at that 21 There was the Bird's Nest. There was the 2.2 Simon Nitinol filter You know, I -- honestly, I 23 didn't go back and look at those -- that paper. 2.4 But Evanasulis (phonetic) is one of the And there were a number of filters that 2.5 authors.

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1	we looked at and then did flow studies just
2	looking at the flow going through and sometimes
3	putting in dye to see what it did when it went
4	through the filters.
5	Q As far as the tests that IVC filters
6	needed to undergo from the period of 2000 to the
7	present, would you agree that you don't have any
8	training, education, or experience in that regard?
9	MR. JOHNSON: Form objection.
L O	MR. LOPEZ: Join.
L1	BY MR. BROWN:
L2	Q You can answer.
L3	A No formal work in terms of testing
L4	filters like that. I think that I'm aware of, you
L 5	know, some of the papers that have come out that
L6	talked about fixations and talked about flow
L7	dynamics and those kinds of things. But I myself
L8	was not involved with testing the IVC filters
L9	after the time I left Mass General.
20	Q Would you agree that you're not an
21	expert in the field of marketing?
22	MR. LOPEZ: Object to form.
23	THE WITNESS: I would probably say that
24	most physicians do some kind of marketing. So I
25	would say that, you know, in a very general term

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1	BY MR. BROWN:
2	Q In writing articles in the peer-reviewed
3	medical literature, do you ever cite to opinions
4	by paid litigation experts?
5	MR. JOHNSON: Form.
6	THE WITNESS: Excuse me?
7	BY MR. BROWN:
8	Q When you're writing article for the
9	medical literature peer-reviewed medical
10	literature or book chapters, have you ever cited
11	to opinions by paid litigation experts?
12	MR. JOHNSON: Form.
13	THE WITNESS: I have no. I mean, I
14	have no idea how that would be in context of doing
15	a peer-reviewed article.
16	BY MR. BROWN:
17	Q In the roughly 850 or so publications
18	and presentations that are listed in your C.V.,
19	have you ever cited to opinions by a litigation
20	expert?
21	MR. JOHNSON: Form objection.
22	THE WITNESS: I guess I should make sure
23	I understand what you're asking. And you're
24	asking have I ever taken a lawyer's opinion of
25	a of

	Page 113
1	BY MR. BROWN:
2	Q No. A litigation expert's opinion. So,
3	for example, Dr. Kessler.
4	In the context of your private practice
5	when you're writing peer-reviewed medical
6	literature and giving presentations, have you ever
7	cited to anything like Dr. Kessler's report?
8	MR. JOHNSON: Form objection.
9	THE WITNESS: That's an interesting
10	question. I I guess not. I mean, I don't
11	quite I'm not quite sure I understand the
12	relevance or the what exactly you're asking. I
13	guess I'm a little confused about that.
14	BY MR. BROWN:
15	Q In your report in this case, you cite to
16	the opinions of Dr. Kessler, to Dr. Ritchie, to
17	Dr. McMeeking, to Dr. Begley (phonetic.)
18	Do you understand that all of those
19	physicians that I just named are paid litigation
20	experts in this litigation? Do you understand
21	that?
22	MR. JOHNSON: Form objection.
23	THE WITNESS: Okay. Now I'm beginning
24	to understand what your question is regarding. I
25	would say in a peer-reviewed article you would be

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1	those references to see to get a feeling of how
2	he characterized those. So I felt quite
3	comfortable after looking at sort of the source
4	material and looking at his report that it seemed
5	to jive.
6	Q But you don't know how Dr. Kessler went
7	about identifying the documents that he chose to
8	cite in his report, do you?
9	MR. JOHNSON: Form.
L O	THE WITNESS: I have not discussed it
L1	with Dr. Kessler as to how he decided to, you
L2	know, take the documents that he talked about and
L3	put them in his report. So, no, I haven't had any
L <b>4</b>	discussion with him about that.
L5	BY MR. BROWN:
L6	Q In all of the articles that you've
L7	written, in all of the prerequisites that you've
L8	made, have you ever cited to a paid litigation
L9	expert?
20	MR. JOHNSON: Form.
21	THE WITNESS: I don't think I've ever
22	been in the position where I was needing to quote
23	a litigation expert because that's not usually the
24	kind of work that I do.
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1	BY MR. BROWN:
2	Q So the answer is, no, you've never
3	cited
4	MR. JOHNSON: Form.
5	THE WITNESS: Not that I can recall.
6	BY MR. BROWN:
7	Q When you're writing stuff in the
8	peer-reviewed medical literature and giving
9	presentations, you cite the medical literature; is
10	that fair?
11	A When I'm doing a peer-reviewed article,
12	yes, I would generally cite the peer-reviewed
13	literature and usually my own experience.
14	Q Turning to Appendix A of your report,
15	which is facts and data considered we
16	referenced this a few times the medical
17	literature that's listed here were you given
18	the medical literature that's listed here by the
19	plaintiffs' lawyers?
20	A No. No. This is mostly medical
21	literature that I would say generally not.
22	This is mostly medical literature that is
23	available on pubmed or in the journals. I'm
24	trying to remember if there's anything in here
25	that because it's data facts considered

Page 139 1 is what the information was that the SIR quality 2. improvement guidelines used as a reference for 3 their -- for those guidelines. So if you look on page 1, it references the 2003 SIR guidelines. 4 5 Right. 0 And this was -- this is information that 6 Α 7 they would have used with that. Sorry. 8 0 Do you know who wrote Schedule 1? 9 Α Well, it's from -- it's from the SIR. 10 It's the -- this is the way that the SIR 11 quidelines are commonly put together is to have 12 these -- these -- you know, when you put together guidelines, you're supposed to have the references 13 that you've used to -- as the source data. 14 15 this would be the source data for those tables. 16 So you think that the SIR wrote 17 Schedule 1? 18 I'm not sure, honestly. I don't 19 remember where we got this. I'm assuming that's 20 where it comes from because this looks like what 21 the SIR has with a lot of their -- you know, when

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comes from.

we look at these. You know, doing this in 2003 I

didn't really remember whether exactly this is

what it looked like. But -- but that's where it

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Q So Schedule 1 I think comes from the
SIR.
A I think it's part of I think it's
part of the guidelines.
Q Did you review Schedule 1 before
finalizing the report in March of 2017?
A You know, I don't remember.
Q When is the first time you remember
seeing Schedule 1?
A Well, I saw it when I reviewed
the when I reviewed the report, you know, over
the last, you know, few days or a week or
whatever. I just don't remember I just don't
remember whether when before that I saw it.
Q If you turn 17 pages in, there's
Schedule 2. It says, Bard employees testifying
regarding the use of SIR article quality
improvement guidelines.
Do you see that?
A Mm-hmm.
Q "Yes"?
A Yes, I do. Sorry.
Q Did you write this?
A No.

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1	A Yes. Well, is this page 5?
2	Q Schedule 5.
3	A Oh. But which page? Oh, page 1 of
4	Schedule 5?
5	Q Yes.
6	Did you write this?
7	A No.
8	Q Do you know who wrote it?
9	A No.
10	Q When is the first time you remember
11	seeing Schedule 5?
12	A I think on the report when we were going
13	through the report.
14	Q When was that?
15	A March.
16	Q Did you read Schedule 5?
17	A Yes.
18	Q Did you read it before or after you
19	signed your report?
20	A Before.
21	Q If you keep turning toward the end of
22	the document, there's a second Schedule 5 that
23	says, Bard's internal documents demonstrating the
24	improper use of SIR quality improvement
25	guidelines.

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1	Do you see that?
2	A I'm sorry. What page are you on?
3	Q You have to keep turning. It's towards
4	the end.
5	A I think so. Yeah.
6	Q Did you write the second Schedule 5?
7	A No.
8	Q Do you know who did?
9	A No.
10	Q Did you read the documents that are
11	listed here?
12	A Did I read the documents? I think these
13	are ones that are referenced in our references
14	here.
15	Q If these are the documents that are
16	referenced in Appendix A then you believe you
17	reviewed them?
18	A I believe so.
19	Q If they're different, do you know if you
20	reviewed those documents?
21	A I wouldn't without going back and
22	looking at the documents themselves.
23	Q When was the first time you saw this
24	second Schedule 5?
25	A Well, I certainly saw it when I reviewed

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1	synopsis.
2	BY MR. BROWN:
3	Q In answering my question you were
4	referring to Appendix A?
5	A Yes.
6	Q So you said that you reviewed the
7	documents and the deposition transcripts that are
8	listed in Appendix A.
9	We've already discussed that, right?
10	A Right.
11	Q My question is related specifically to
12	the schedules.
13	Did you review and rely on specifically
14	the contents of the schedules in developing the
15	opinions that are contained in your report?
16	A No. We went from the documents.
17	MR. BROWN: Okay. Let's go off the
18	record.
19	THE VIDEOGRAPHER: This marks the end
20	of Media No. 2 in the deposition of Dr. Anne
21	Christine Roberts, M.D. Going off the record.
22	The time is 12:55 p.m.
23	(Lunch recess.)
24	THE VIDEOGRAPHER: This marks the
25	beginning of Media No. 3 in the deposition of

Page 225 1 MAUDE database to see what's going on and why, you 2. know, sometimes, you know, we need to know what's 3 going on. But, you know, I would hope, you know -- I think there have been probably some 4 5 pharmaceutical companies that maybe knew there were things that were going on with pharmaceutical 6 7 -- I don't know. I don't think that's the 8 point. 9 I think the point is Bard knew. And I 10 think that their duty was to their consumers, 11 which were both the physicians and the patients, 12 to say we've got a problem and we need to do 13 something about it. 14 BY MR. BROWN: 15 Has any medical device company ever provided you with their internal analysis about 16 17 its products? MR. JOHNSON: 18 Form objection. 19 I don't think so. I don't THE WITNESS: 20 And I'm not saying that you have to 21 give -- that Bard had to give their internal 2.2 documents to anybody. I think they needed to act 23 on their internal documents. You know, you could 24 tell me -- you could come to me and tell me, look,

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we've been having a problem with the filters and

2.5

Page 230 Are you using any written standard or 0 authority to define what a physician's reasonable expectations are? MR. JOHNSON: Form. THE WITNESS: I suspect that reasonable is in the eye of the beholder. So I would say that I don't believe that there is any absolute number or percentage of what reasonable would be. But I do think that we just -- that we would require that there be preclinical, animal, and laboratory bench testing of a device and that the clinical safetyness and effectiveness, the risk and benefits are appropriate. And I think that one of the things that's an issue is that if the -- you know, it's a difficult situation. Because if you look at the literature, it's very hard to show that filters actually prevent mortality. And so if the -- if the device is going to cause more mortality than it may be treating, then we've got a problem.

BY MR. BROWN:

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Q My question is: Do you have any written authority or standard that you are relying on to make the opinions that are contained in subparagraph B on page 7?

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1	MR. JOHNSON: Form.
2	BY MR. BROWN:
3	Q Do you or don't you?
4	A I do not have a written documentation of
5	what reasonable expectations would be.
6	Q All right. Subparagraph C you write,
7	Data that Bard possessed, including testimony of
8	witnesses, regarding the Recovery, G2, and Eclipse
9	IVCFs. What a reasonable physician's expectations
10	and acceptability of risks, slash, complications
11	versus benefits were and are in view of such data
12	whether Bard met those expectations.
13	Do you see that?
14	A I do.
15	Q Do you have any written standard or
16	authority that you are relying on to define what a
17	reasonable physician's expectations are regarding
18	data that Bard possessed?
19	MR. JOHNSON: Form objection.
20	THE WITNESS: Again, I think that I do
21	not have a written standard for reasonable in
22	terms of physician expectation. But the idea that
23	a patient's going to die because I've done a
24	procedure is not acceptable.
25	///

Page 238 1 something that physicians expect from companies. 2. Now -- and, again, I don't think in here that we 3 mean that you give us all of your databank. don't think it means that we expect that you're 4 5 going to tell us everything about a device. 6 think what it means is that if a company finds 7 that there is a problem and that problem is such that it affects the safety and efficacy of a 8 9 device, then a company has an obligation either to 10 get that device off the market temporarily or 11 permanently or to make sure that physicians know 12 what it is that they're up against so that they 13 can make good informed consent for their 14 patients. 15 BY MR. BROWN: 16 All of the opinions that we just 17 discussed and the ones you reviewed in paragraphs 18 3, 4, 6, and 7 there's no way to test your 19 opinion, is there? 20 MR. JOHNSON: Form. 21 Only to ask a patient or a THE WITNESS: 2.2 family or the patient died and find out whether or 23 not they think it's reasonable to know that the

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physician should have known about this so that

they could inform their patient appropriately.

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1	BY MR. BROWN:
2	Q Any other way that you know of to test
3	your opinions?
4	A Ask you whether you think it's
5	reasonable or not.
6	MR. LOPEZ: Or we'll just let a jury
7	decide maybe.
8	BY MR. BROWN:
9	Q If you got 100 doctors in the room,
10	there's no way to tell which ones would agree with
11	you and which ones would disagree with you?
12	MR. JOHNSON: Form.
13	MR. LOPEZ: About?
14	BY MR. BROWN:
15	Q About the opinions contained in
16	paragraphs 3, 4, 6, and 7.
17	A Would be an interesting exercise. Maybe
18	someone could do that study and show people this
19	data and say, Out of 100 people that are in this
20	room, how many people think that it would have
21	been reasonable that the company release this data
22	to the physicians who are implanting this device
23	and putting, essentially, their patients at risk?
24	Q The opinions
25	A Maybe I'll do the study.

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